1 5008 M				115		Approved for use the common time.	A DEDARTME	NIT OF OOM # #	
Under th	e Paperwork Reduction /	Act of 1995, no person	are requi	red to respond to a co	ollection of inf	formation unless it	displays a valid (OMB control nu	
Effective on 12/08/2004. Fees purchant to the Consolidated Appropriations Act, 2005 (H.R. 4818). FEE TRANSMITTAL For FY 2008			Complete if Known						
					10/517,970-Conf. #3605 September 26, 2005				
					Christian Prehofer				
					N. Mehrpour				
Applicant	claims small entity state	us See 37 CFR 1 2	7		-	2617			
	•	1		Art Unit			0)		
OTAL AMOUNT	OF PAYMENT	(\$) 1,270.0	00	Attomey Docket	No.	62556 (51969) 1909)		
METHOD OF	PAYMENT (check	all that apply)							
Check	Credit Card	Money Order	No	ne Other	(please identi	fy):			
x Deposit Acc	ount Deposit Account I	 Number:04-	1105	Deposit	Account Name	e: Edwards Ang	ell Palmer & [Dodge LLP	
 For the a	bove-identified depo	sit account, the D	irector is	s hereby authorize	ed to: (che	ck all that apply)		
x Ch	arge fee(s) indicated	l below		Charg	je fee(s) ind	dicated below,	except for the	e filing fee	
	arge any additional f		ments o	f x Credit	any overp	avments	·		
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BASIC FILING	S, SEARCH, AND E			A DOLL FEFO		LATION CCC	,		
	FII	LING FEES Small Entity	SE	ARCH FEES Small Entity	EXAMI	NATION FEES Small Entity	S		
pplication Ty	<u>pe </u>		<u>Fee (\$</u>		Fee (\$)		Fees Pa	aid (\$)	
Jtility	310	155	510	255	210	105			
Design	210	105	100	50	130	65			
Plant	210	105	310	155	160	80			
Reissue	310	155	510	255	620	310			
Provisional	210	105	0	0	0	0			
EXCESS CLA	IM FEES							Small Entity	
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	20 (including Reiss at claim over 3 (incl	•					50 210	25	
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otal Claims	Extra Claims	Egg (\$)	Foo I	Paid (\$)	M	ultiple Depend		103	
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	er of total claims paid for					33 (4)		•	
ndep. Claims	Extra Claims	Fee (\$)	Fee I	Paid (\$)				-	
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iP = highest numb	er of independent claims	paid for, if greater tha	n 3.						
listings unde	ion and drawings exer 37 CFR 1.52(e)),	the application siz	ze fee du	ie is \$260 (\$130 i	for small e				
	ction thereof. See 3								
Total Sheets		_	of each a	dditional 50 or fra			Fee P	aid (\$)	
OTHER FEE(S	- 100 = S)	/50 =		(round up to a who	ole number)	х	Fees F	Paid (\$)	
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Other (e.g., la	ate filing surcharge):			sponse within s tinued examina				0.00 0.00	
DISTTER OV						-/ 1 4			
nature	7 -			Registration No.	36,984	Telephone	(617) 517	'_554Q	
	/	- 17		(Attorney/Agent)	30,304		(617) 517		
ame /Print/Tyne)	lohn I Penny Ir	•				Date	April 1 1	วกกร	

SUBMITTED BY					
Signature	2	Registration No. (Attorney/Agent)	36,984	Telephone	(617) 517-5549
Name (Print/Type	John J. Penny, Jr.			Date	April 1, 2008

Application No. (if known): 10/517,970

Attorney Docket No.: 62556 (51969)

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